

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 14-SEP-2012	TIME 21:55:00	2. ADDRESS OF OCCURRENCE 251 W 118TH ST CHICAGO, IL 60628	3. LOCATION CODE 304	4. BEAT/OCCUR 0513			
	6. POSITION 9161	7. LAST NAME FULTON	8. FIRST NAME EDWARD M	9. STAR NO. 12724	10. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	11. RACE CODE BLK	12. HT. 5'10	13. WT. 162
	14. DATE OF APPT. 26-MAR-1990	15. EMPLOYEE NO. 005	16. UNIT & BEAT OF ASSIGNMENT 0513R	17. DUTY STATUS <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	18. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	20. LAST NAME BLACKMON	21. FIRST NAME CYNTHIA	22. M.I. M	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B. 506	26. HT. 5'06	27. WT. 240
	28. ADDRESS ROSELAND COMMUNITY HOSPITAL	29. TELEPHONE NO. DR [REDACTED]	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDSTIFTS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ROSELAND COMMUNITY HOSPITAL	34. BY WHOM? DR [REDACTED]	35. CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Hospitalized <input checked="" type="checkbox"/> Not Hospitalized	36. CHARGES PLACED 720 ILCS 5.0/12-4-B-17	37. CB NO. 18495602	38. IR NO. DNA	39. US Refused Medical Aid DNA	
	40. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER OTHER R/O'S ARRESTED _____	41. ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	42. ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	43. ASSAULTANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER STRUCK R/O (WITH PISTOL) _____	44. ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
	45. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER OTHER R/O'S ARRESTED _____	46. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Oscillating) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Remote Discharge) <input type="checkbox"/> OTHER _____	47. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	48. MEMBER'S RESPONSE KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	49. MEMBER'S RESPONSE FIREARM <input type="checkbox"/> OTHER _____			
	50. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) DNA	51. ADDITIONAL INFORMATION OTHER R/O'S ARRESTED SUBJECT AND PLACED HER INTO SECURE CUSTODY DUE TO R/O BEING INJURED AND INCAPACITATED						
	52. POSITION STAR NO. UNIT	53. INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/>	54. LIGHTING CONDITIONS <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Poor Artificial <input type="checkbox"/> Good Artificial	55. WEATHER CONDITIONS CLEAR				
56. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	57. WEAPON SERIAL NO. (Include battery) 58. PROPERTY INVENTORY NO.	59. CHICAGO GUN REG NO.	60. FIREARM OWNER ID NO.	61. HANDBUN CERTIFICATE NO.				
62. SPECIAL WEAPON CERTIFICATE NO.	63. TYPE OF AMMUNITION USED	64. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	65. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	66. TOTAL NO. OF SHOTS MEMBER FIRED				
67. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	68. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	69. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	70. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	71. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
72. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	73. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 11 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
74. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	75. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
76. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.	77. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
78. REPORTING MEMBER (Print Name) FULTON, EDWARD M 15-SEP-2012 05:19:26	STAR/EMPLOYEE NO. 12724	SIGNATURE [REDACTED]						
79. REVIEWING SUPERVISOR (Print Name) FLANIGAN, KEVIN T	STAR NO. 1547	SIGNATURE [REDACTED]	DATE REVIEWED 15-SEP-2012	TIME 05:20:34				

CPD-11.377 (REV. 10/07)

LOG# 1057079

Attachment 15

1225817965

HV476470

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM. 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY DR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Subject stated to R/Lt. that her sister was being arrested and that she was trying to retrieve her and bring her back onto the porch. No further statement was made.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Fulton was in compliance with department policy. However, unknown officer(s) used force against the offender Blackmon, and failed to report said use of force or to complete TRR's relating to this incident.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRN# 1057085 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)
RIGOLI, MICHAEL A

SIGNATURE: 

DATE COMPLETED TIME
15-SEP-2012 05:28:31

79. DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input checked="" type="checkbox"/> I.D.B. REPORT <input type="checkbox"/> CR INITIATION REPORT <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRR'S THIS EVENT NO 4
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LOG# 1057079
Attachment 15